



**YEDA Non-Competing Membership Form
YEDA Associate Membership Form
2017-2018**

*All completed transactions will be processed
in the order in which they are received.*

Please allow fifteen business days for processing

Select which membership being applied for

Non-Competing Membership (\$50)

Associate Membership (\$25)

| | |
|--------------------------|---------------|
| Name: | _____ |
| Address: | _____ |
| Phone Number: | Email: |
| Emergency Contact | _____ |

Examples of Non-Competing Membership:

Seniors who are not showing but applying for membership to be eligible for the Scholarship Incentive Fund (SIF)

Examples of Associate Membership:

Show Stewards and Show Secretaries

Applicant Signature _____ **Date** _____

Make Checks out to: YEDA

Mail Form to:

Debbie Arnold

2415 State Route 603

Ashland, OH 44805

For Questions Contact Debbie Arnold (CFO)

Phone: 419 – 566 – 6589 **Email:** DArnold@showyeda.com